

Health Benefits Open Enrollment April 15 – May 15

 Open Enrollment is your opportunity to change your plan or membership for a July 1 effective date. The April 15 through May 15 Open Enrollment applies to all State agencies, colleges, and universities.

CIGNA and Optimum Choice have notified the State Health Benefits Program that they will no longer participate as of July 1.

If You Are A Member Of CIGNA Or Optimum Choice

During Open Enrollment You May

- CIGNA HMO
- Optimum Choice Standard Option HMO, Standard Option POS, High Option POS
- Select another plan and membership level
- Change payment of your premium to either pre-tax or after-tax (Premium Conversion)
- Waive coverage
- **Do nothing** and be enrolled automatically in the standard Key Advantage plan at your current membership level.

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If You Are A Member Of Any Other Plan During Open Enrollment You May

- **Do nothing and remain in your current plan at your current membership level**
- Change your plan
- Change your membership
- Change payment of your premium to either pre-tax or after-tax (Premium Conversion)
- Waive coverage

If you change plans, remember to select a PCP to receive benefits at the highest level of coverage. You must select a PCP even if it's the same PCP you had in your previous plan.

Premium Conversion

Your Premium Conversion election is effective on July 1.

- The option you elect is binding until you change it at a subsequent Open Enrollment.
- You may not reduce your membership or waive coverage until the next Open Enrollment unless you experience a consistent qualifying mid-year event (life event).

Key Advantage Changes Beginning July 1

Service	Current Key Advantage	Key Advantage Effective July 1
• PCP Copayment	• \$15	• \$20
• Specialist Copayment	• \$25	• \$30
• Hospital Inpatient Copayment	• \$200 per confinement	• \$300 per confinement
• Hospital Outpatient Copayment	• \$75 per visit (waived if admitted to hospital)	• \$100 per visit (waived if admitted to hospital)
• Prescription Drug Copayments		
• Retail Pharmacy	• \$15 for up to 34-day supply; • \$30 for 35-90-day supply	• \$17 for up to 34-day supply; • \$34 for 35-90-day supply
• Home Delivery (Mail Order) Service	• \$23 for up to 90-day supply	• \$25 for up to 90-day supply
• Optional Benefits Under Optional Expanded Benefits	Plan pays once every 24 months: • \$50 for eyeglass frames • \$35 for single vision lenses • \$50 for bifocal lenses • \$70 for trifocal lenses • \$100 for contact lenses	Plan pays once every 24 months: • \$75 for eyeglass frames • \$50 for single vision lenses • \$75 for bifocal lenses • \$100 for trifocal lenses • \$100 for contact lenses

There are no benefit changes to Cost Alliance.

See the Comparison of Benefits, pages 6-7, for copayment and coinsurance changes in some of the regional HMO and POS plans. New plan ID cards will be mailed to members affected by benefit changes in late June.

Remember the 31-Day Requirement!

When you enroll in a plan or make changes outside of Open Enrollment based on a qualifying mid-year event (life event), you must submit your election within 31 days of the event. Use EmployeeDirect or send a completed Enrollment/Waiver form to your agency's Benefits Administrator. The election is binding and may not be changed after the effective date.

Your election is effective the first of the month following submission of your request, except for birth, adoption, or placement for adoption (first of the month in which the event occurs).

Do not forget to:

- Add dependents to your health benefits plan within the required time frame. A newborn child could have reduced coverage or no coverage if you fail to take action.

- Remove an ineligible spouse or dependents. Remember to drop a divorced or deceased spouse or a child no longer eligible. Ineligible children include those who reach the age limit of 23 (by the end of a calendar year), or who marry or become employed full time (are self-supporting). Terminations are effective at the end of the month when eligibility is lost.

More information on enrolling and making changes during the year outside of Open Enrollment may be found on the DHRM Web site at www.dhrm.state.va.us/hbenefit.htm.

When enrolling in or changing plans, remember to select a primary care physician (PCP) to receive the highest level of benefits. Failure to select a PCP will result in reduced coverage or no coverage for some plans except for a life-threatening emergency or urgent care.

Determining State Employee Health Benefits For 2002

The growing cost of health care, spurred by increases in prescription drug costs and greater use of medical services, has made headlines for several years. Nationally, many employees are experiencing double digit premium increases for 2002 and higher costs because of benefit design changes (for example, more deductibles, higher coinsurance and increased out-of-pocket expense limits).

Costs also have risen substantially in the last few years for the State Health Benefits Program. From July 1, 2000 through June 30, 2001, claims expenses for Key Advantage and Cost Alliance for active and non-Medicare retirees increased 17 percent. Prescription drug expenses rose 24 percent, and represented more than 20 percent of total claims expenses. The major question for the Commonwealth has been how to preserve health benefits for state employees while also controlling costs during a period of budget challenges.

Protecting state employees' health benefits is one of the five principal objectives that Governor Warner outlined when submitting his amendments to the proposed state budget in January.

In the face of a budget shortfall and rising health care costs, the process of defining your health benefits has involved a team approach. *Among the participants:* the former Gilmore and current Warner administrations, legislators and legislative staff from the House and Senate, the Secretary of Administration, the Department of Human Resource Management, the Department of Planning and Budget,

and other state entities. From that team effort have come the monthly rates and copayment changes.

The prevention and wellness programs available such as CommonHealth, Baby Benefits and the Trigon Disease Management Program, emphasize the importance of taking steps to maintain good health. One of the best ways to control the cost of health benefits is to prevent health problems from occurring in the first place. If you already have a health condition, such as diabetes or high blood pressure, you can take steps toward better disease management. You can also save money on prescription drugs by using generic drugs rather than brand names.

The Commonwealth remains committed to preserving the integrity of your health benefits while at the same time addressing the budget limitations projected through fiscal year 2004.

If you have questions, many resources are available:



- The Department of Human Resource Management's Web site at **www.dhrm.state.va.us/hbenefit.htm** provides a wealth of health benefits information. Visit the site for plan materials, Member Handbooks, Enrollment/Waiver forms, Frequently Asked Questions on Key Advantage, Cost Alliance and eligibility, and much more.
- The new 2002 Health Benefits Selection Guide offers a comparison of all health plans offered during Open Enrollment. To obtain a copy, see your Benefits Administrator or go to the DHRM Web site address listed above.
- The State Health Benefits Program can be reached by e-mail. Our e-mail address is **hbp@dhrm.state.va.us**. Send us your questions and we will respond to you individually.
- Your health plan's Member Services Department can answer your questions about covered services. See the list of plan telephone numbers and Web sites on page 5. If you have eligibility questions, do not call your plan — see your Benefits Administrator.

Your Benefits Administrator Can Help

Because of the revised budget outlook, representatives of the State Health Benefits Program **will not conduct employee meetings** in the state this spring. Instead of these meetings, the Office of Health Benefits will provide comprehensive benefits materials to your Benefits Administrator to assist you during Open Enrollment.

How To Enroll, Change Plans Or Membership

Choose from the options below to change your health plan, membership category, or waive coverage for the year that begins on July 1, 2002. During Spring Open Enrollment from April 15 through May 15, you may also change your premium payment deducted either before taxes or after taxes. For these elections, you may use the EmployeeDirect health benefits enrollment and information system on the Web or submit an Enrollment/Waiver Form.

Option One: Use EmployeeDirect On The Web!

- STEP #1:**
 - Visit the Department of Human Resource Management's Web site at **www.dhrm.state.va.us**.
 - Select the "Health Benefits" tab, and then choose the "EmployeeDirect" tab.
 - You will need your personal identification number and passcode to login.
- STEP #2:**
 - Verify your e-mail address. EmployeeDirect will communicate with you at this e-mail address.
- STEP #3:**
 - Review your Health Benefits Profile. It's a dated record of your health benefits information.
 - Check information about you and your covered family members.
 - Click "yes" to make changes.
- STEP #4:**
 - From the "Change Health Benefits Profile Menu", select the "Spring Open Enrollment" option.
 - Carefully make your changes, then scroll to the bottom of the page to submit your request.
- STEP #5:**
 - Once your request is approved, EmployeeDirect will give you a confirmation number and update your Health Benefits Profile.
 - You can immediately view or print for your records a copy of the Health Benefits Profile describing your change.

Option Two: Submit an Enrollment/Waiver Form!

- STEP #1:**
 - Ask your agency's Benefits Administrator for the most current Enrollment/Waiver Form, or
 - Visit the DHRM Web site at **www.dhrm.state.va.us/hbenefit.htm** and print the form.
- STEP #2:**
 - Complete the form and submit it to your Benefits Administrator during the Open Enrollment period.

Need an EmployeeDirect Passcode?

If you do not have a passcode for EmployeeDirect, or have misplaced your passcode, follow these instructions to receive one:

- You must have access to a work e-mail address to receive a passcode. *This is very important.* Contact your agency's Benefits Administrator or Human Resources office if you don't know your work e-mail address.

New in EmployeeDirect!

Make changes throughout the year outside of Open Enrollment. To make changes in your plan or membership, you must experience a consistent qualifying mid-year event. For additional information, visit the Enrolling and Making Changes section on the DHRM Web site or see your Benefits Administrator.

- Click on the "Health Benefits" tab and then the "EmployeeDirect" tab.
- Once you are on the EmployeeDirect Home Page, choose "Don't Know Passcode" from the Site Menu.
- Follow the directions and EmployeeDirect will e-mail your passcode to you.

- Go to the DHRM web site at **www.dhrm.state.va.us**.
- Be sure to keep your passcode confidential. It serves as your electronic signature in place of your written signature.

Plans Available July 1, 2002

Statewide Plans

Administered by Trigon Blue Cross Blue Shield

• Key Advantage	• Key Advantage With Expanded Benefits	• Cost Alliance	• Cost Alliance With Dental
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Regional HMO And POS Plans – *Contact each plan directly for a detailed description of the service area.*

Northern Virginia <i>(includes Washington, D.C. and parts of Maryland)</i> <ul style="list-style-type: none"> • Aetna HMO • Aetna POS • Kaiser Permanente HMO 	Central Virginia <ul style="list-style-type: none"> • Aetna HMO • Aetna POS 	Western Virginia <ul style="list-style-type: none"> • Piedmont Community HMO-POS
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HMO=Health Maintenance Organization

POS=Point Of Service plan

List of Plans and Contacts

Want to know more about the plans and the companies behind them? Call or visit their Web sites for more information.

Aetna U. S. Healthcare Inc. – HMO and POS
 Members Services: 1-800-323-9930
www.aetnaushc.com/custom/cwva

Kaiser Foundation Health Plans of The Mid-Atlantic States, Inc. – HMO
 Member Services: (301) 468-6000 in Washington, D.C area or 1-800-777-7902 outside Washington, D.C. area
www.kp.org/ehealth/mida/commonwealthofvirginia

Magellan Behavioral Health –
 Mental Health and Substance Abuse Services for Key Advantage, Cost Alliance, Aetna HMO, and Aetna POS
 Member Services: 1-800-775-5138
www.magellanassist.com

Piedmont Community HealthCare, Inc. – HMO-POS
 Member Services: 1-888-674-3368
www.pchp.net

Trigon Blue Cross Blue Shield –
 Key Advantage, Key Advantage With Expanded Benefits, Cost Alliance, Cost Alliance With Dental
 Member Services: (804) 355-8506 in Richmond or 1-800-552-2682 outside Richmond
<http://state.trigon.com>

Comparison Of Benefits

Benefit	Key Advantage You Pay	Cost Alliance You Pay	Aetna HMO You Pay
<i>PCP Office Visit Copayment</i>	\$20	\$20	\$15
<i>Specialist¹ Visit Copayment</i>	\$30	\$35	\$15
<i>Inpatient Hospital Care Copayment</i>	\$300 per confinement	\$100 per day up to \$500 per admission	\$200 per admission
<i>Outpatient Hospital Visit for Urgent Care or Life-Threatening Emergency</i>	\$100 per visit (waived if admitted)	\$75 per visit (waived if admitted)	\$75 per visit (emergency copayment waived if admitted)
<i>Outpatient Diagnostic Tests and Lab Services</i>	10% coinsurance	\$35 for outpatient facility only	\$15 copayment
<i>Routine Gynecological Annual Exam</i>	\$20 per PCP visit; \$30 per specialist ¹ visit	\$20 per PCP visit; \$35 per specialist ¹ visit	\$15 per visit
<i>Per Prescription* Copayment at Participating Retail Pharmacy</i>	\$17 up to a 34-day supply; \$34 for a 35-90-day supply	\$20 up to a 34-day supply; \$40 for a 35-90-day supply	Up to a 30-day supply: Tier 1: \$5 Tier 2: \$15 Tier 3: \$30
<i>Mail Service Pharmacy (up to 90-day supply)</i>	\$25 up to a 90-day supply	\$28 up to a 90-day supply	Up to a 90-day supply: Tier 1: \$10 Tier 2: \$30 Tier 3: \$60
<i>Dental Benefits</i>	Yes	No	Yes
<i>Vision Benefits</i>	No	No	Yes
<i>Employee Assistance Program</i>	Yes	Yes	Yes
<i>Optional Benefits</i>	Yes, under Key Advantage With Expanded Benefits – routine vision care, expanded dental benefits, and preventive care	Yes, under Cost Alliance With Dental – preventive, primary, and orthodontic benefits	No

* The Trigon Key Advantage, Cost Alliance plans and the Kaiser Permanente plan use a mandatory generic prescription drug program. Additional costs apply for brand name drugs when generic drugs are available.

¹ Specialist = any provider other than your PCP.

This chart is only a brief comparison of in-network plan benefits. Refer to the plan's Member Handbook for a more detailed description of benefits, limits, and exclusions.

Aetna POS You Pay	Kaiser Permanente You Pay	Piedmont Community HMO-POS You Pay
\$20	\$5 (no charge for children under 3)	\$15
\$25	\$5 (no charge for children under 3)	\$15
\$100 per day (up to 5 days)	No copayment	20% allowable charge
\$75 per visit (waived if admitted)	\$35 copayment per emergency room visit (waived if admitted); \$5 copayment for urgent care center	\$100 per hospital emergency room visit (waived if admitted); \$15 copayment per visit to urgent care center
\$25 copayment	No copayment	20% allowable charge at hospital; \$15 per office visit
\$20 per PCP visit; \$25 per specialist ¹ visit	\$5	\$15 per visit
Up to a 30-day supply: Tier 1: \$5 Tier 2: \$15 Tier 3: \$30	\$5 at Kaiser on-site pharmacy; \$15 at participating community pharmacy (both up to a 60-day supply)	\$10 per generic and \$20 per brand name for a 31-day supply
Up to a 90-day supply: Tier 1: \$10 Tier 2: \$30 Tier 3: \$60	\$3 for up to 90-day supply	\$20 per generic and \$40 per brand name up to a 90-day supply
Yes	Yes	Yes
Yes	Yes	Yes
Yes	Yes	Yes
No	No	No

Active Employees — Monthly Rates Effective July 1, 2002

Commonwealth of Virginia Health Benefits Program

STATEWIDE PLANS

TYPE POLICY	Key Advantage	Key Advantage w/Expanded Benefits	Cost Alliance	Cost Alliance w/Dental
Employee Single				
<i>You pay</i>	\$21	\$33	\$0	\$21
<i>State pays</i>	\$274	\$274	\$544	\$544
<i>Total Premium</i>	\$295	\$307	\$544	\$565
Employee Plus One				
<i>You pay</i>	\$131	\$153	\$0	\$39
<i>State pays</i>	\$415	\$415	\$544	\$544
<i>Total Premium</i>	\$546	\$568	\$544	\$583
Family Coverage				
<i>You pay</i>	\$240	\$272	\$0	\$57
<i>State pays</i>	\$557	\$557	\$544	\$544
<i>Total Premium</i>	\$797	\$829	\$544	\$601
Family Coverage, Both Spouses State Employees				
<i>You pay</i>	\$132	\$164	\$0	\$57
<i>State pays</i>	\$665	\$665	\$544	\$544
<i>Total Premium</i>	\$797	\$829	\$544	\$601

REGIONAL PLANS

TYPE POLICY	Kaiser Permanente HMO	Aetna POS	Aetna HMO	Piedmont Community HMO-POS
Employee Single				
<i>You pay</i>	\$19	\$24	\$19	\$19
<i>State pays</i>	\$241	\$274	\$252	\$247
<i>Total Premium</i>	\$260	\$298	\$271	\$266
Employee Plus One				
<i>You pay</i>	\$115	\$136	\$120	\$118
<i>State pays</i>	\$366	\$415	\$381	\$374
<i>Total Premium</i>	\$481	\$551	\$501	\$492
Family Coverage				
<i>You pay</i>	\$211	\$248	\$220	\$216
<i>State pays</i>	\$491	\$557	\$512	\$502
<i>Total Premium</i>	\$702	\$805	\$732	\$718
Family Coverage, Both Spouses State Employees				
<i>You pay</i>	\$116	\$140	\$121	\$119
<i>State pays</i>	\$586	\$665	\$611	\$599
<i>Total Premium</i>	\$702	\$805	\$732	\$718

Long-Term Care Open Enrollment Begins In April

A second Open Enrollment for the Department of Human Resource Management's (DHRM) voluntary long-term care insurance program will be held from April 1 through June 30 of this year. During this period, eligible employees will be able to purchase new or additional long-term care insurance coverage without proof of good health.

The DHRM long-term care program will have several changes with the Open Enrollment. Beginning on April 1, classified part-time employees will be eligible to participate. In addition, participants may select a daily benefit amount as low as \$50 (the previous minimum was \$75).

DHRM offers voluntary long-term care insurance to eligible state employees, retirees, and certain family members through Aetna Life Insurance Company. Because of a new

employer-paid long-term care benefit announced by Governor Warner and provided to Virginia Sickness and Disability Program (VSDP) participants through Aetna and the Virginia Retirement System, all participants in the DHRM program received an 8-percent reduction in their premium rates effective March 1.

For additional information about the employer-paid long-term care insurance offered to VSDP participants, contact Aetna toll-free at 1-877-894-2471, visit the Aetna Web site at **www.aetna.com/group/commonwealthva** or access the VRS Web site at **www.state.va.us/vrs/vrs.htm**.

See the chart below for additional information on how to enroll in the DHRM voluntary long-term care program.

Long-Term Care Open Enrollment DHRM Voluntary Long-Term Care Program

April 1 – June 30, 2002

Employees Already Enrolled	Employees Never Enrolled
<ul style="list-style-type: none"> • May purchase additional long-term care coverage (up to a \$200 daily benefit amount) from Aetna without filling out a medical questionnaire, but based on their current age 	<ul style="list-style-type: none"> • May purchase voluntary long-term care coverage based on their current age without filling out a medical questionnaire
<ul style="list-style-type: none"> • May reduce long-term care coverage (this may be done any time, not just during the Open Enrollment period) 	<ul style="list-style-type: none"> • May purchase coverage at the same rate as those already enrolled (8-percent premium reduction as of March 1)
<ul style="list-style-type: none"> • Received an 8-percent reduction in current premium rates on March 1 	<ul style="list-style-type: none"> • May select a daily benefit amount from \$50 to \$200 during Open Enrollment
<ul style="list-style-type: none"> • May select a lower minimum daily benefit amount as of April 1 (\$50 minimum rather than \$75) 	<ul style="list-style-type: none"> • May enroll by contacting Aetna toll-free at 1-877-894-2470 or by visiting the Aetna Web site at www.aetna.com/group/commonwealthva.
<ul style="list-style-type: none"> • May amend their coverage by contacting Aetna toll-free at 1-877-894-2471 or by visiting the Aetna Web site at www.aetna.com/group/commonwealthva. 	

Important Dates To Remember

Health Benefits Program

April 15 – May 15	Health Benefits Open Enrollment for plans effective July 1: <ul style="list-style-type: none"> • May change plans or membership • May change pre-tax or after-tax payment of premiums (Premium Conversion) • If you are in the CIGNA HMO or any Optimum Choice plan, select a new plan and PCP
July 1	New contract year begins for health benefits and premium tax options.

Long-Term Care Insurance

March 1	<p>VSDP participants automatically receive a \$75 employer-paid long-term care daily benefit through the Virginia Retirement System (VRS).</p> <p>An 8-percent premium reduction takes effect for the voluntary long-term care program offered through the Department of Human Resource Management (DHRM).</p>
April 1	<p>Part-time classified employees become eligible for the voluntary DHRM long-term care program.</p> <p>The minimum daily benefit amount is lowered to \$50 from \$75 for the voluntary DHRM long-term care program.</p>
April 1 – June 30	Open Enrollment for the voluntary DHRM long-term care program. Full-time classified employees and faculty, and part-time classified employees, may purchase or amend long-term care coverage without proof of good health.

CommonHealth

March 1	CommonHealth “Walk at Work” campaign begins and runs through May.
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Flexible Reimbursement Accounts

November 1 – December 1	Fall Annual Enrollment for Medical Reimbursement and Dependent Care accounts. The effective date is January 1 of each year.
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Focus On Wellness: Tools For Maintaining Good Health

Although the State Health Benefits Program offers an excellent health benefits package to state employees and their families, each of us has the responsibility for maintaining our own good health. In conjunction with your health benefits, several special wellness programs are available to help you prevent the occurrence of major health problems, or to assist you in managing certain diseases and health conditions.

CommonHealth

Offered as part of the state health benefits package, the CommonHealth wellness program is provided to state employees through the participation of their individual agencies. CommonHealth features cholesterol, blood pressure and other medical screenings; fitness classes and challenges; health education programs and other activities. More than 65,000 state employees working in about 500 agency locations now participate in the program.

New This Year from CommonHealth:

- Walking at Work for managing stress
- Smoking cessation

For more information, visit the new CommonHealth Web site at www.chp-online.com/commonhealth.

Baby BenefitsSM Through CommonHealth

Baby Benefits is a prenatal program designed to help women have healthy pregnancies and to help reduce the chances of a premature delivery. The program is available at no cost to you, your spouse, or your dependents through CommonHealth as long as the mother is covered under a state health benefits plan. A consultant (a nurse or health educator) works with the mother and her doctor during

the pregnancy to determine what may be needed to help achieve a full-term delivery. As soon as pregnancy is confirmed, you may sign up for Baby Benefits by calling 1-800-828-5891.

Employee Assistance Programs

Each health plan that participates in the State Health Benefits Program offers an employee assistance program (EAP) to employees and their dependents. Included are up to four counseling sessions free of charge per occurrence

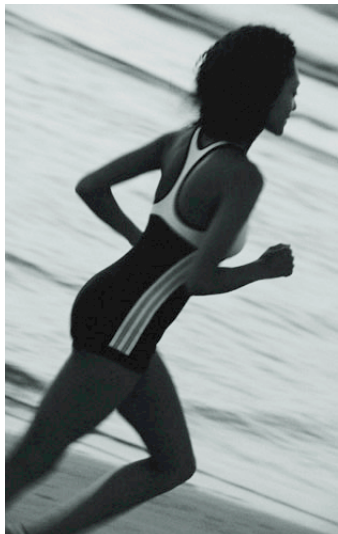
for such services as stress management, alcohol or drug abuse assessment, child or elder care, grief counseling and legal or financial services. For the Key Advantage and Cost Alliance plans, Magellan Behavioral Health administers the EAP (call 1-800-775-5138). If you are a member of the Aetna HMO or POS, Kaiser Permanente HMO or Piedmont Community HMO-POS, contact the individual plan's Member Services department for more information.

Trigon Disease Management Program

Members of Key Advantage and Cost Alliance have access to this medical and lifestyle management program which helps you to better understand and manage

four health conditions: asthma, congestive heart failure, coronary artery disease and diabetes (including covered diabetes education services). Participants in the program work with experienced registered nurses, available 24 hours a day. To register for the Trigon Disease Management Program, call 1-800-551-6923.

If you are enrolled in a regional health plan, contact your plan's Member Services department for information on additional wellness programs.



Women's Health and Cancer Rights

In the case of a participant who is receiving benefits under the state's health benefits plan in connection with a mastectomy, and elects breast reconstruction, the coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- Reconstruction of the breast on which the mastectomy has been performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses and physical complications during all stages of the mastectomy

Remember To Visit Our Web Site!

*Want to find out more about your health benefits and related programs? Visit the DHRM Web site at **www.dhrm.state.va.us/hbenefit.htm**.*

Link to EmployeeDirect to...

- Review your Benefits Profile
- Update your address or other personal information
- Make Open Enrollment changes

Look up Frequently Asked Questions on...

- Key Advantage and Cost Alliance
- Eligibility Rules

Link to the Active Employee page...

- Download the **new** Health Benefits Selection Guide for a summary of plans effective July 1, 2002
- Find Statewide Plan and Regional Plan information and forms
- Download Member Handbooks, Enrollment/Waiver Forms and Monthly Rates

Visit the Long-Term Care link for...

- Frequently Asked Questions on long-term care
- Program rates and summary plan design
- Accessing Aetna's Commonwealth of Virginia site
- Open Enrollment information for April 1 – June 30

The monthly rates and benefit changes in this newsletter are correct as of press time (March 12, 2002), but are subject to change based on possible action by the Governor and General Assembly.



Virginia Department of
**HUMAN RESOURCE
MANAGEMENT**